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**Notice of Privacy Practices
 Receipt and Acknowledgment of Notice**

Client Name: _____
 DOB: _____
 SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Trilliumwood Counseling Services Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Timothy A.E. Fillmore, MS, LMSW at (906) 235-6750 to set up an appointment for review of Notice and/or privacy rights.

 Signature of Client

 Date

 Signature or Parent, Guardian or Personal Representative *

 Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

 Signature of Psychotherapist Witness

 Date